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CONFIRMATION NO. 9907

<b>SERIAL NUMBER</b> 10/713,404	<b>FILING OR 371(c) DATE</b> 11/13/2003 <b>RULE</b>	<b>CLASS</b> 433	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> 47168-00245USPT
<b>APPLICANTS</b> Stephan S. Porter, Palm Beach Gardens, FL; Dan P. Rogers, North Palm Beach, FL; Ralph E. Goodman, West Palm Beach, FL;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/450,541 02/26/2003 and claims benefit of 60/425,976 11/13/2002 <i>ju</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>NONE ju</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/13/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>ju</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 70
				<b>INDEPENDENT CLAIMS</b> 14
<b>ADDRESS</b> 30223				
<b>TITLE</b> Dental implant system				
<b>FILING FEE RECEIVED</b> 2616	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	